



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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2005

FILED IN THE OFFICE OF THE
HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| PART I LOBBYIST | | | |
|---|---------|------------|-----------|
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Chikamoto | Oren | T. | 523-6000 |
| MAILING ADDRESS (Street) | | | FAX |
| 700 Bishop Street, 15th Floor | | | 523-6001 |
| (City) | (State) | (Zip Code) | |
| Honolulu, | Hawaii | 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Torkildson, Katz, Fonseca, Moore & Hetherington | | | 523-6000 |
| MAILING ADDRESS (Street) | | | FAX |
| 700 Bishop Street, 15th Floor | | | 523-6001 |
| (City) | (State) | (Zip Code) | |
| Honolulu, | Hawaii | 96813 | |

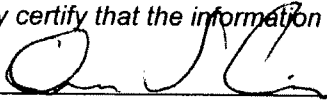
| PART II ORGANIZATION | | |
|--|---------|------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| Hawaiian Memorial Life Plan, Ltd. | | 522-5200 |
| MAILING ADDRESS (Street) | | FAX |
| C/O Borthwick Mortuary, 1330 Maunakea Street | | 522-9310 |
| (City) | (State) | (Zip Code) |
| Honolulu, | Hawaii | 96813 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Jay Morford | | 522-5200 |
| MAILING ADDRESS (Street) | | FAX |
| C/O Borthwick Mortuary, 1330 Maunakea Street | | 522-9310 |
| (City) | (State) | (Zip Code) |
| Honolulu, | Hawaii | 96813 |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

4/30/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Jay Morford

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

General Manager

NAME OF ORGANIZATION (if applicable)

Hawaiian Memorial Life Plan, Ltd.

TELEPHONE

522-5200

MAILING ADDRESS (Street)

C/O Borthwick Mortuary, 1330 Maunakea Street

FAX

522-9310

(City)

Honolulu,

(State)

Hawaii

(Zip Code)

96813

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

4/30/07

(Date)